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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	<b>Attorney Docket Number</b>	26/1223US
	<b>First Named Inventor</b>	Mittleman, et al
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	TBA
	<b>Filing Date</b>	March 8, 2004
<b>Art Unit</b>	TBA	
<b>Examiner Name</b>	TBA	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))		

**I hereby declare that:**

**Each inventor's residence, mailing address, and citizenship are as stated below next to my name.**

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## **ROTATABLE HANDLE FOR TOWABLE LUGGAGE**

the specification of which

*(Title of the Invention)*

is attached hereto

— is a  
OB

OR was filed on (MM/DD/YYYY) [REDACTED] as United States Application Number or PCT International

Application Number [REDACTED] and was amended on (MM/DD/YYYY) [REDACTED] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above:

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which

Priority Claimed				
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  Customer Number 22822 OR  Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

 A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) DavidFamily Name  
or Surname MittlemanInventor's  
Signature

Date

Residence: City Chesterfield

State MO

Country US

Citizenship US

Mailing Address 1836 Shadywood Court

City Chesterfield

State MO

ZIP 63017

Country US

NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) JeffreyFamily Name  
or Surname MullinsInventor's  
Signature

Date

Residence: City St. Louis

State MO

Country US

Citizenship US

Mailing Address 4392 Atcherson Avenue

City St. Louis

State MO

ZIP 63108

Country US

 Additional inventors or a legal Representative are being named on 1 supplemental sheet(s) PTO/SB/02A or 02LR are attached

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 3 of 3

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Doug		Golenz		
Inventor's Signature				Date
Residence: City	Louisville	State CO	Country US	Citizenship US
Mailing Address	942 Sunflower Street			
Mailing Address				
City	Louisville	State CO	ZIP 80027	Country US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Aaron		Gorga		
Inventor's Signature				Date
Residence: City	St. Louis	State MO	Country US	Citizenship US
Mailing Address				
Mailing Address				
City	St. Louis	State MO	ZIP	Country US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
James		O'Shea		
Inventor's Signature				Date
Residence: City	Annandale	State NJ	Country US	Citizenship US
Mailing Address	32 Willow Brook Lane			
Mailing Address				
City	Annandale	State NJ	ZIP 08801-3429	Country US

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	TBA
Filing Date	March 8, 2004
First Named Inventor	Mittleman, et al.
Art Unit	TBA
Examiner Name	TBA
Attorney Docket Number	26/1223US

I hereby appoint:

- Practitioners at Customer Number  
**OR**  
 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.**OR** The address associated with Customer Number:**OR**

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Address			
Address			
City	State	Zip	
Country			
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I am the:

- Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

### SIGNATURE of Applicant or Assignee of Record

Name			
Signature			
Date	Telephone		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

 \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.